

Fill in this Information to identify the case:

Debtor 1 International Heritage, Inc.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA

Case number: 98-02675-5-DMW

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹⁴⁸ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$1.52, \$52.90, \$189.00 AND \$270.29
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

2. Applicant Information

Applicant¹⁴⁹ represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record¹⁵⁰ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

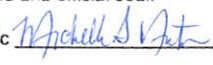
3. Supporting Documentation

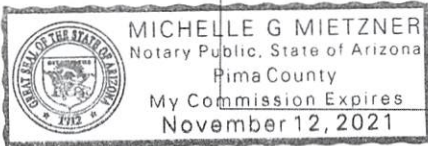
- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹⁴⁸ The Claimant is the party entitled to the unclaimed funds.

¹⁴⁹ The Applicant is the party filing the application. The Applicant and Claimant may be the same.

¹⁵⁰ The Owner of Record is the original payee.

4. Notice to United States Attorney <input checked="" type="checkbox"/> Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address: <div style="text-align: center;">Office of the United States Attorney for the Eastern District of North Carolina 150 Fayetteville Street, Suite 2100, Raleigh, NC 27601</div>	
5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date: <u>11-10-21</u> <div style="text-align: center;"></div> Signature of Applicant Benjamin D. Tarver Printed Name of Applicant 2300 East Fry Blvd #1630 Address: Sierra Vista, AZ 85636 Telephone: 832-781-0620 Email: help@claimtransfers.com	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date: _____ Signature of Co-Applicant (if applicable) _____ Printed Name of Co-Applicant (if applicable) _____ Address: _____ Telephone: _____ Email: _____
6. Notarization STATE OF <u>ARIZONA</u> COUNTY OF <u>COCHISE</u> This Application for Unclaimed Funds, dated <u>11-10-2021</u> was subscribed and sworn to before me this <u>10</u> day of <u>November</u> , 20 <u>21</u> by Benjamin D. Tarver who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal. (SEAL) Notary Public  My commission expires: <u>11/12/2021</u>	6. Notarization STATE OF _____ COUNTY OF _____ This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal. (SEAL) Notary Public _____ My commission expires: _____



UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675-5-DMW
CHAPTER 7

International Heritage, Inc.

Debtors(s)

_____ /

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing Application for Payment of Unclaimed Funds was mailed to:

Office of the United States Attorney
Eastern District of North Carolina
150 Fayetteville Street
Suite 2100
Raleigh, North Carolina 27601

Dated: 12-15-2021



Benjamin D. Tarver
2300 East Fry Blvd #1630
Sierra Vista, AZ 85636

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675-5-DMW

International Heritage, Inc.

Debtor(s)

_____/

STATEMENT OF APPLICANT

I, Benjamin D. Tarver, do hereby certify that I am doing business as Bankruptcy Settlement Group ("BSG"), and that I am legally entitled to the unclaimed funds referenced in this application and that no other party is entitled to these funds.

In support, applicant respectfully represents as follows:

1. A check for "Brian K. Wade" in the amount(s) of \$1.52, \$52.90, \$189.00 AND \$270.29 was not negotiated and was thus remitted as unclaimed funds to the Clerk of the Court.
2. Brian K. Wade assigned the unclaimed funds referenced in the application to BSG.
3. The consideration for this claim is \$135.15. See attached fee agreement.
4. My former business mailing address was 2885 Sanford Ave SW #37848, Grandville, MI 49418, which is a Commercial Mail Receiving Agency operated by mailboxforwarding.com.
5. My current business mailing address is 2300 East Fry Blvd #1630, Sierra Vista, AZ 85636, which is the street address for P.O. Box 1630, Sierra Vista, AZ 85636.

Dated: 12-15-2021



Benjamin D. Tarver
2300 East Fry Blvd #1630
Sierra Vista, AZ 85636

COPY

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

****PREVIOUSLY DOCKETED****

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

AFFIDAVIT AND ASSIGNMENT

Debtor(s)
Brian K Wade /

I, Brian K. Wade, of 3747 S MILLCREST RD, SALT LAKE CITY, UT 84109-3845, certify:

1. That I am at least 18 years of age.
2. For good and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby certify that I have unconditionally and irrevocably sold, transferred and assigned to Bankruptcy Settlement Group ("Assignee"), its successors and assigns, whose mailing address is 2885 Sanford Ave SW #37848, Grandville, MI 49418, all right, title and interest in and to my claims in the above referenced bankruptcy proceeding, including without limitation my right to receive any future payments, distributions, unclaimed dividends and/or other property in the bankruptcy proceeding. I waive any notice or hearing requirements imposed by Court rules and stipulate that an order may be entered recognizing this Assignment as an unconditional Assignment and Assignee herein as the valid owner of my claim(s) and/or rights.
3. I am a debtor or creditor in the above referenced bankruptcy proceeding.
4. My address was/is 5125 Laurelview Ave, Carmichael, CA 95608.

I certify under penalty of perjury that the foregoing is true and correct.

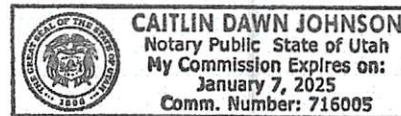
Dated: 4/5/21

Brian K Wade
Brian K. Wade

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC AND AFFIX NOTARY SEAL

Sworn to and subscribed before me,
State of UT, County of Salt Lake
This 05th day of April, 20 21

[Signature]
Notary Public Signature



My Commission Expires: Jan 7th, 2025

(NOTARY SEAL)

Return this form to: Bankruptcy Settlement Group, 2885 Sanford Ave SW #37848, Grandville MI 49418